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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/612,759
	Filing Date	July 1, 2003
	First Named Inventor	David Kays
	Group Art Unit	2178
	Confirmation Number	5909
<input type="checkbox"/> Sent via Express Mail Label No.:	Examiner Name	Thu V. Huynh
	Attorney Docket Number	303815.01

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (10 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input checked="" type="checkbox"/> CD, Number of CD(s) 1 CD - Appendices A-D	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Copy of this transmittal (1 page) <input type="checkbox"/> <input type="checkbox"/>
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Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT					
Signature	/Stephen C. Siu/		Reg. No.	48,303	
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Customer Number:			22971		



PATENT

First Named Inventor: David Kays
Application No.: 10/612,759
Filed: July 1, 2003
Customer No.: 22971

Attorney Docket No.: 303815.01
Group Art Unit: 2178
Examiner: Thu V. Huynh
Confirmation Number: 5909

Title: SYSTEM AND METHOD FOR REPORTING HIERARCHICALLY ARRANGED DATA IN MARKUP LANGUAGE FORMATS

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

This paper is responsive to the Non-Final Office Action dated June 4, 2007.

Amendments to the Specification begin at page 2.

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this amendment.

Remarks begin on page 7 of this amendment.

Please charge any fees due to our Deposit Account No. 50-0463.

Application Number: 10/612,759
Attorney Docket Number: 303815.01
Filing Date: 07/01/2003